



**Golden Oak
Montessori School**

Intent to Re-Enroll at Golden Oak Montessori in 2018-19

Please return to the Office this form with the full packet of attached documents by Friday, May 4, 2018 to secure your student’s place at Golden Oak next year.

Your student will not be considered re-enrolled until all of the documents are completed and received as a complete packet to the office. Incomplete packets will not be accepted.

Student’s Name: _____

Student’s Current Grade & Teacher (2017-18): _____

Student’s Grade Next Year (2018-19): _____

___ My student **will be** returning to Golden Oak Montessori for the 2018-19 school year. I have attached the following completed forms.

- Current Contact Information
- Emergency Information Card
- Student Release Authorization
- Media Release Form
- Items for Parent/Guardian Consent
- Acceptable Use of Technology Agreement
- Report of Health Exam for School Entry w/ immunization documentation – *7th graders only*

___ My student **will NOT be** returning to Golden Oak Montessori for the 2018-19 school year. Please give my student’s place to a student on the waitlist. I will contact the Office by May 4, 2018 to complete a Withdrawal Form and to schedule an exit interview with the Head of School.

Parent Name: _____

Parent Signature: _____

Date: _____



Contact Information 2018-19

Please help us keep ensure our contact information for your family is current.

Student Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____

Parent/Guardian Name: _____

Parent Email: _____

Parent Mobile Phone Number: _____

Parent Home Phone (*if different than student*): _____

Parent Address (*if different than student*): _____

City, State Zip: _____

Parent/Guardian Name: _____

Parent Email: _____

Parent Mobile Phone Number: _____

Parent Home Phone (*if different than student*): _____

Parent Address (*if different than student*): _____

City, State Zip: _____



Student Emergency Information Card

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Student Name

Last	First	Middle
Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in original prescription container with a current date and the child's name. The medication must be accompanied with instruction for medication need/use from a doctor AND a signed "Parent Medicine Authorization" form.

Medication

Medication	Dosage	Hour(s) Given

Health Insurance Information

Insurance Carrier Name and Policy #
Insurance Carrier Address and Phone Number

Health Care Providers

	Name	Phone Number
Physician		
Physician		
Dentist		

Medical Conditions

Check all that apply:

Asthma	If checked, uses inhaler?	Yes	No	On daily medication?
Seizures	If checked, on medication?	Yes	No	
Diabetes	If checked, insulin dependent?	Yes	No	

Movement Limitations _____

Recent illness/hospitalization/surgery (describe) _____

Other _____

Severe allergies? If checked, please specify:

Food/environmental	Allergies require:
Insect stings/bees	EpiPen
Medicines/Drugs	Benadryl
Other _____	Other _____

Release of Medical Information for Emergency Treatment

I hereby authorize for my child's medical information, parental contact information, and other health information (collected from services provided at school including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to prepare for potential or confirmed health conditions. In the event of medical emergency or illness, I hereby authorize Golden Oak Montessori staff to provide first aid. In the event of a life threatening medical emergency Golden Oak Montessori staff will call 911 for emergency treatment and transportation to the nearest appropriate emergency facility with a school representative if a parent or authorized person is not available. Under such circumstances, emergency medical personnel is authorized to undertake emergency care and treatment of the child as s/he considers necessary. The parent/guardian is responsible for all cost incurred.

Parent Signature _____ Date _____

Siblings and Home Language

Please list siblings at our school and his/her grade	Please list any other languages spoken at home:

In An Emergency Please Contact

Name	Relationship	Primary Phone #	Alternative Phone #



Student's Name: _____

The above student may be released to the care and supervision of the following people.

- If the person is unknown to the staff member in charge, they will be asked to show photo identification before the student is released into their care.
- For the safety of your child, we may not release your child to anyone who is not listed below without your written authorization.

Name	Relationship	Phone Number
	Parent/Guardian	
	Parent/Guardian	

Parent/Guardian Name	Relationship to Student
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Parent/Guardian Signature	Date
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Parent/Guardian Consent Form 2018-19

CONSENT TO DISTRIBUTION OF DIRECTORY INFORMATION

I/We give permission for Golden Oak Montessori to release directory information about my student (name, address, email, phone number) in a school-wide directory and/or to the Parent Teacher Organization (PTO) or related/other groups/services with appropriate need to reach out to students/families.

I AUTHORIZE release of my student's information. I DO NOT AUTHORIZE release of my student's information.

CONSENT TO VISION, HEARING, AND SCOLIOSIS SCREENING

I/We agree to have my child screened by certified health personnel visiting Golden Oak Montessori for vision and hearing testing, and for scoliosis testing for girls in the 7th grade and boys in the 8th grade.

I AUTHORIZE my student to be screened. I DO NOT AUTHORIZE my student to be screened.

CONSENT TO HELPING STUDENT IN/OUT OF CAR AT DROP OFF AND PICK UP

I/We agree to have school staff help my child during pick up and drop off by opening my car door and closing it once my child is out. I will not hold school staff liable for any damage that may occur with my vehicle associated with opening/closing of the door.

I AUTHORIZE staff to help my student. I DO NOT AUTHORIZE staff to help my student.

ACKNOWLEDGEMENT OF PARENT HANDBOOK RECEIPT/ACCESS

I/We acknowledge the Golden Oak Montessori Parent Handbook outlining policy, procedure, rights and responsibilities is available at www.goldenoakmontessori.org/parenthandbook. *(It is updated annually prior to the start of the academic year; parents are notified by email when it is posted.)* I will review the handbook and comply with school policies and guidelines. I will consult the Head of School if I have any questions. Parents without Internet access can request the Office provide a printed copy.

I ACKNOWLEDGE the Parent Handbook is available to me at www.goldenoakmontessori.org/parenthandbook and I will review it annually.

Student Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Media Release Form 2018-19

During the school year, staff of Golden Oak Montessori, and possibly media representatives, may want to interview, photograph or video your child in relation to his/her educational program for use in publications, television reports, public presentations and websites. The images may be of groups of students or individuals, and the students' names may be used in some instances.

I **do** give permission for my child to be included in the above-mentioned media releases.

I **do NOT** give permission for my child to be included in the above-mentioned media releases.

Student Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



ACCEPTABLE USE OF TECHNOLOGY AGREEMENT 2018-19

Golden Oak Montessori students have access to electronic devices including computers and tablets. Students use school provided educational software and participate in computer-based state-required tests. In addition, students are issued a Google “G-Suite” account enabling them to access Google Docs, Google Sheets, Google Drive and Google Classroom. This account will allow students to communicate and collaborate with their teacher and each other on projects. As part of the “G-Suite” students will have a Google email (G-Mail) account in the @goldenoakmontessori.org domain.

The upper-elementary and middle school students will be introduced to using these G-Suite tools by their teacher; lower-elementary students use these tools sparingly at the discretion of their teacher. Students will have access to the Internet for researching topics. Golden Oak Montessori utilizes student content “filters” on all electronic devices.

Access to these services provide the opportunity and learning environments necessary for students to be successful in an increasingly digital world.

On-Line/Internet Services: User Obligations and Responsibilities

The use of the Golden Oak Montessori's system is a PRIVILEGE, not a right. Students are authorized to use technology resources and services in accordance with user obligations and responsibilities specified below.

1. All students using Golden Oak Montessori’s computers, tablets, or G-Suite accounts are responsible for proper use at all times. Students shall keep personal account numbers, passwords, home addresses and telephone numbers private. They shall only access the system under their own account.
2. Students shall use technology resources and the Internet responsibly and primarily for educational purposes. Commercial, political, and/or personal use unrelated to educational purpose is strictly prohibited.
3. Students shall not access, post, submit, publish or display harmful or inappropriate material that is threatening, obscene, disruptive or sexually explicit, or that could be construed as harassment or disparagement of others based on their race/ethnicity, national origin, gender, sexual orientation, age, disability, religion or political beliefs.

Harmful material includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest and is matter which depicts or describes in a patently offensive way sexual conduct and which lacks serious literary, artistic, political or scientific value for minors. (Penal code 313)

4. Students shall not disclose, use or disseminate personal identification information about themselves or others when using electronic mail, message boards, or other forms of direct electronic communication. Students are also cautioned not to disclose such information by other means to individuals located

through the Internet without the permission of their parents/guardians. Personal information includes the student's name, address, telephone number, Social Security number, or other individually identifiable information.

5. Students shall not use the system to encourage the use of drugs, alcohol or tobacco, nor shall they promote unethical practices or any activity prohibited by law or school policy.
6. Copyrighted material shall not be placed on the system without the author's permission. Students may download copyrighted material for their own use only.
7. Students shall not intentionally upload, download or create computer viruses and/or maliciously attempt to harm or destroy district equipment or materials or manipulate the data of any other user, including so-called "hacking." This includes attempting to circumvent the content-filter and/or other restrictions placed on the network.
8. Students shall not read other users' electronic mail or files. They shall not attempt to interfere with other users' ability to send or receive electronic mail, nor shall they attempt to delete, copy, modify or forge other users' mail.
9. Students shall report any security problem or misuse of the services to the teacher or principal.

This completed form will be kept on file by the school and must be completed annually. The school reserves the right to monitor any on-line communications for improper use. Electronic communications and downloaded material including files deleted from a user's account, may be monitored or read by school officials to ensure proper use of the system.

The Head of School or designee shall make all decisions regarding whether or not a student has violated the school's Acceptable Use Agreement. The decision of the Head of School or designee shall be final. Inappropriate use shall result in a cancellation of the student's user privileges, disciplinary action and/or legal action in accordance with law and board policy.

I have read the terms and conditions of acceptable use and agree to follow all policies. I understand that although student access to the Internet is monitored, school staff cannot completely control all materials students may view in violation of the above policy.

Student Name: _____

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____



**Only for Students
Entering 7th Grade**

Immunizations Required for Grade 7 Entry

It's the law! Entering seventh grade students **MUST** provide updated immunizations records to enroll in seventh grade. All required vaccines must be received for a student to be allowed to begin classes. Students cannot enter seventh grade without these vaccines.

Please provide Golden Oak Montessori documentation of your child's immunizations using the provided form that requires a doctor's signature. A physical exam is also recommended before the start of seventh grade.

Inmunizaciones requeridas para la entrada del Grado 7

¡Es la ley! Los estudiantes de séptimo grado que ingresan DEBEN proporcionar registros actualizados de vacunas para inscribirse en séptimo grado. Se deben recibir todas las vacunas requeridas para que un estudiante pueda comenzar las clases. Los estudiantes no pueden ingresar al séptimo grado sin estas vacunas.

Proporcione la documentación de Golden Oak Montessori de las vacunas de su hijo usando el formulario proporcionado que requiere la firma de un médico. También se recomienda un examen físico antes de comenzar el séptimo grado.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K-12



Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

Questions?
 Visit ShotsForSchool.org
 or
 Contact your local health
 department
 (bit.do/immunization)